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NEWS NOTES

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SECRETARY OF WAR ANNOUNCES APPOINTMENT
OF 122 MORE CIVILIAN MEDICAL SONSULTANTS

One hundred and twenty-two outstanding experts in the Nation's medical profession and allied specialties were appointed civilian consultants to The Secretary of War through The Surgeon General, the War Department announced recently.

This brings the total of civilian consultants available to the Army Medical Department to 327. The majority of consultants named today and in previous announcements are former officers in the Army Medical Department. Recognized as authorities in their fields, they will aid the Army in maintaining the healthiest Army in the world.

Major General Norman T. Kirk, The Surgeon General, said that more consultants will be added so the American soldier will continue to get the best medical care available both from military and civilian medical men. In addition to making available the best specialists in this country, the Army Medical Department is sending medical officers to civilian medical schools and hospitals for advanced graduate training, schooling enlisted technicians to aid medical scientists and recalling former medical department officers to active duty to insure the well-being of some 70,000 patients in Army hospitals throughout the world.

Dr. James H. Kidder, 155 East 62nd Street, New York City, Dean of the College of Pharmacy, Fordham University, was named as consultant to The Surgeon General to advise on matters relating to pharmacy in Army Medical Department.

Medical consultants whose appointments were just announced and their specialties are:

Internal Medicine -- Dr. Daniel H. Autry, Donaghey Building, Little Rock, Arkansas; Dr. William W. Bondurant, Jr., 414 Navarro Street, San Antonio, Texas; Dr. Bruce P. Webster, E25 East 68th Street, New York City; Dr. Sam A. Overstreet, Heyburn Building, Louisville, Kentucky; Dr. William H. Higgins, Medical Arts Building, Richmond, Virginia; Dr. John W. Brown, 845 Portola Drive, San Francisco, California; Dr. Dwight L. Wilbur, 140 Sea Cliff Ave., San Francisco, California; Dr. Edwin G. Bannick, 705 Broadway, Seattle, Washington; Dr. Frank R. Maddison, and Dr. Treacy H. Duerfeldt, Medical Arts Building, Tacoma, Washington; Dr. James W. Haviland, Stimpson Building, Tacoma, Washington; Dr. Verne R. Mason, 342 South Irving Boulevard, Los Angeles, California; Dr. Charles F. Wilkinson, Jr., University Hospital, Department of Internal Medicine, Ann Arbor, Michigan; Dr. Donald F. Marion, 635 Palerno Avenue, Coral Gables, Florida; Dr. Jack O. W. Rash, Huntington Building, Miami, Florida; Dr. Franz H. Stewart, 525 DuPont Building, Miami, Florida; Dr. Howard L. Alt, 1144 Michigan Avenue, Evanston, Illinois; Dr. Marion H. Barker, 700 North Michigan Avenue, Chicago, Illinois: Dr. Neil L. Crone, 74 Village Hill Road, Belmont, Massachusetts; Dr. Perrin H. Long, Johns Hopkins University School of Medicine, 615 North Wolfe Street, Baltimore, Maryland; Dr. William D. Province, 100 North Main Street, Franklin, Indiana; Dr. Robert C. Kimbrough, Jr., University Hospital, Department of Internal Medicine, University of Michigah, Ann Arbor, Michigan; Dr. Henry M. Winans, 3825 Beverly Drive, Dallas, Texas; Dr. Johnson McGuire, 2583 Grandin Road, Cincinnati, Ohio; Dr. Arthur N. Ferguson, 2902 Fairfield Ave., Fort Wayne, Indiana.

Dermatology-Syphilology-Dr. George V. Kulchar, 450 Sutter Street, San Francisco, California; Dr. Howard Hailey, 478 Peachtree Street, N.E., Atlanta, Georgia; Dr. Clarence S. Livingood, 133 South 36th Street, Philadelphia, Pennsylvania; Dr. Donald M. Pillsbury, University Hospital, University of Pennsylvania, Philadelphia, Pennsylvania.

Dermatology -- Dr. Edward A. Levin, 450 Sutter Street, San Francisco, California.

Pediatrics-Dr. John A. Washington, 1901 Wyoming Avenue, N.W., Washington, D. C.; Dr. Harry H. Gordon, 525 East 68th Street, New York City.

Physical Medicine consultants are:

Dr. Frank H. Krusen, Mayo Clinic, Rochester, Minnesota; Dr. Kristian G. Hansson, The New York Hospital, New York City; Dr. Richard L. Kovacs, 2 East 88th Street, New York City.

Surgical consultants and their specialties are:

General Surgery-- Dr. Robert T. Allison, Jr., 159 South Main Street, Akron, Ohio; Dr. Thomas A. Botsford, 4 Hawthorne Road, Brookline, Massachusetts; Dr. Roscoe C. Giles, 3541 South State Street, Chicago, Illinois; Dr. John A.

Hardy, Roberts Barnes Huilding, El Paso, Texas; Dr. Siegfried F. Hermann, 55 Summit Road, Tacoma, Washington; Dr. George D. Lilly, 333 Ingraham Building, Miami, Florida; Dr. Thomas B. Quigley, 270 Commonwealth Avenue, Boston, Massachusetts; Dr. Fred W. Rankin, 271 Short Street, Lexington, Kentucky.

Otolaryngology -- Dr. Hallowell Davis, Director of Research, and Dr. S. Richard Silverman, Central Institute for the Deaf, St. Louis, Missouri; Dr. Albert C. Furstenberg, 201 South Main Street, Ann Arbor, Michigan; Dr. Mercer G. Lynch, 2024 Audubon Street, New Orleans, Louisiana; Dr. M. P. S. Spearman, 2300 Grant Avenue, El Paso, Texas.

Radiology—Dr. William E. Allen, Jr., 4202—A Easton Avenue, St. Louis, Missouri; Dr. Edgar M. McPeak, 1835 Eye Street, N.W., Washington, D. C.; Dr. Ernst A. Schmidt, University of Colorado, School of Medicine and Hospitals, 4200 East Ninth Avenue, Denver, Colorado.

Orthopedics -- Dr. Edward W. Cullipher, Calumet Building, Miami, Florida; Dr. Louis H. Edmunds, 1115 Terry Avenue, Seattle, Washington; Dr. William H. Goering, 740 St. Helens Avenue, Tacoma, Washington; Dr. Robert P. Kelly, 3016 Lenox Road, N.E., Atlanta, Georgia.

Aural Rehabilitation -- Dr. Grant Fairbanks, Department of Speech, University of Southern California, Los Angeles, California.

Neurosurgery -- Dr. Frank W. Lusignan, 909 Hyde Street, San Francisco, California.

Obstetrics & Gynecology -- Dr. Carlton N. Price, 1801 K Street, N.W., Washington, D. C.

Urology - Dr. Burton L. Stewart, 4346 Mariota Avenue, North Hollywood, California; Dr. William A. Sumner, 490 Post Street, San Francisco, California.

Consultants for Plans and Operations, Office of The Surgeon General, are:

Dr. Eli Ginzberg, Ph.D., 400 West 119th Street, New York City, statistician, and Mr. Jarrett White, 1308 18th Street, N.W., Washington, D. C., real estate and hospital construction advisor.

Neuropsychiatric consultants and their specialties are:

Neuropsychiatry -- Dr. Titus H. Harris, University of Texas, Galveston, Texas; Dr. Martin L. Towler, 816 Strand Street, Galveston, Texas; Dr. Hamilton F. Ford, 800 Avenue B, Galveston, Texas; Dr. Melvin W. Thorner, 106 Broadway, San Antonio, Texas; Dr. George S. Johnson, 1960 Vallejo Street, San Francisco, California.

Psychiatry -- Dr. Seymour Rosenberg, 1801 Eye Street, N.W., Washington, D. C.; Dr. Jack R. Ewalt, 24 Cedar Lawn North, Galveston, Texas.

Preventive Medicine consultants and their specialties are:

Nutrition --Dr. Otto A. Bessey, Public Health Research Institute,
William Hallock Park Laboratory, East 15th Street, New York City; Dr. Charles
S. Davidson, Thorndike Memorial Laboratory, Boston City Hospital, Boston,
Massachusetts; Dr. Theodore E. Friedemann, (Ph.D.), Northwestern University
Medical School, Department of Physiology, Chicago, Illinois; Dr. Wendell H.
Griffith, (Ph.D.), 1402 South Grand Boulevard, University of St. Louis Medical
School, St. Louis, Missouri; Dr. Charles C. King, (Ph.D.), 54 Malvern Road,
Scarsdale, New York; Mr. Joseph L. Poulin, 22 Tappan Road, Melrose, Massachusetts;
Dr. William D. Robinson, 1507 Granger Avenue, Ann Arbor, Michigan; Dr.
Fredrick J. Stare, 25 Shattuck Street, Boston, Massachusetts; Dr. V. P.
Sydenstricker, 2110 Gardner Street, Augusta, Georgia; Dr. John B. Youmans,
Vanderbilt University Hospital, Nashville, Tennessee; Dr. Joseph T, Wearn,
Western Reserve University, Lakeside Hospital, Cleveland, Ohio.

Public Health -- Dr. Franklin H. Top, Medical Director, Herman Kiefer Hospital, Taylor & Hamilton Avenues, Detroit, Michigan; Dr. Thomas B. Turner, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Maryland.

Civil Public Health ---Mr. Raymond F. Burghardt, 9815 65th Road, Forest Hills, New York; Dr. Martin Erobisher, School of Hygiene and Public Health, Johns Hopkins University, 615 North Wolfe Street, Baltimore, Maryland; Dr. Alden B. Hatch (Ph.D.), 3421 84th Street, Jackson Heights, New York.

Bacteriology -- Dr. George G. Callendar, 3245 Cleveland Avenue, N. W., Washington, D. C.; Dr. N. Paul Hudson, Ohio State University, Columbus, Ohio.

Sanitary Engineering -- Mr. William A. Hardenbergh, editor, "Public Works", 310 E. 45th Street, New York City.

Health Education -- Dr. Granville W. Larimore, American Cancer Society, Empire State Building, New York City.

Dermatology -- Dr. William Leifer, 32 East 39th Street, New York City.

Parasitology -- Dr. Malcolm S. Ferguson, Rockefeller Institute, Princeton, New Jersey.

Laboratories -- Dr. Gustave J. Dammin, Barnes Hospital, 600 South Kings Highway, St. Louis, Missouri.

Medical Intelligence -- Dr. Gaylord W. Anderson, Director, School of Public Health, University of Minnesota, Minneapolis, Minnesota.

Registered X-ray Physicist -- Dr. Carl B. Braestrup, (Ph.D.), 630 West 168th Street, New York City.

Syphilology -- Dr. J. Earle Moore, 802 Medical Arts Building, Baltimore, Maryland.

Historical consultants and their assignments are:

History of Preventive Medicine, Southwest Pacific Area -- Dr. James W. Bass, City Health Department, Dallas, Texas.

History of Preventive Medicine, European Theater of Operations -- Dr. John E. Gordon, 11 Quidnic Road, Waban, Massachusetts, Professor of Preventive Medicine, Harvard University.

History of Neurosurgery -- Dr. Frederic H. Lewey, 3400 Spruce Street, Philadelphia, Pennsylvania.

History of Surgery -- Dr. David H. Poer, 124 Peachtree Memorial Drive, N.W., Atlanta, Georgia.

History of the Army Medical Department —Dr. Morris Fishbein, Editor,
"The Journal," American Medical Association, 5543 Blackstone Avenue, Chicago,
Illinois; Dr. Sanford V. Larkey, 1010 Winding Way, Baltimore, Maryland, Medical
Librarian and Historian, Johns Hopkins University Hospital; Dr. Ben J.
Robinson, 618 West Lombard Street, Baltimore, Maryland, Dean of Dental School,
University of Maryland; Dr. Richard H. Shryock, (Ph.D.), 517 Cherry Bend,
Merion Station, Pennsylvania, Professor of History, University of Pennsylvania;
Dr. Lewis H. Weed, Johns Hopkins Medical School, Baltimore, Maryland, Director,
Division Medical Sciences, National Research Council.

Consultants to the Army Epidemiological Board, Army Medical Research & Development Board, and their specialties are:

Sanitary Engineering --Dr. Gordon M. Fair, Harvard University Graduate School of Engineering, Combridge, Massachusetts; Mr. Walter D. Tiedeman, Chief, Bureau of Milk Sanitation, New York State Department of Health, Albany, New York; Professor Constantin Yaglou, 55 Shattuck Street, Boston, Massachusetts, Associate Professor of Industrial Hygiene, Harvard School of Public Health.

Preventive Medicine and Epidemic Diseases --Dr. Stanhope Bayne-Jones, and Dr. Francis G. Blake, Yale University School of Medicine, 333 Cedar Street, New Haven, Connecticut; Dr. John H. Dingle, Vestern Reserve University, School of Medicine, Cleveland, Ohio; Dr. Thomas Francis, Jr., School of Public Health, University of Michigan, Ann Arbor, Michigan; Dr. William McD. Hammon, George Williams Hooper Foundation, University of California Medical Center,

San Francisco, California; Dr. George K. Hirst, Rockefeller Institute for Medical Research, New York City; Dr. Robert F. Loeb, College of Physicians and Surgeons, Columbia University, New York City; Dr. Colin MacLeod, New York University College of Medicine, New York City; Dr. Kenneth F. Maxcy, School of Hygiene and Public Health, Johns Hopkins University, 615 North Wolfe Street, Baltimore, Maryland; Dr. Karl F. Meyer, University of California Medical Conter, San Francisco, California; Dr. John R. Paul, New Haven Hospital, 789 Howard Avenue, New Haven, Connecticut; Dr. Albert B. Sabin, The Children's Hospital Research Foundation, Cincinnati, Ohio; Dr. Jonas E. Salk, University of Michigan School of Public Health, Ann Arbor, Michigan; Dr. Joseph Stokes, Jr., University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania.

MEDICAL CONSULTANTS OF WORLD WAR II HOLD CONCLAVE AT WALTER REED HOSPITAL

Major General Norman T. Kirk, Surgeon General, United States Army, and Brigadier General George C. Beach, Jr., Commanding General, Army Medical Center and Walter Reed General Hospital, were hosts to the first formal meeting of the Society of United States Medical Consultants of World War II, which was held in Sternberg Auditorium at the Army Medical Center, October 18, 1946.

The Society is composed of the doctors, formerly medical officers and now returned to civilian life, who were consultants for the Army Medical Department in The Surgeon General's Office, in overseas theaters and in the Zone of Interior during the war. They represent the leading men in their specialized fields.

The group has formed this association under its own initiative and with the purpose of furthering the advance of the medical profession in the United States, with the particular objective of establishing a close liaison with Army medicine. Its plans are in the formative stage as yet and one aim of this meeting was to set up a working mode of procedure which will enable them to carry out their objectives.

The meeting was opened by an address by the president of the Society, former Brigadier General Elliott C. Cutler, now of Harvard University. This was followed by a talk by Major General Norman T. Kirk who paid tribute to the men whom he considers to have been highly instrumental in the record established by the Medical Department during the war, with its outstandingly low death and disease rate, stating "I am most grateful that this organization has been formed. I am sure that you can be as much help in peace as during the war in assisting the Medical Department of the Army to get the necessary things done, and to be prepared, if another war comes, to carry out the job."

MEDICAL CONSULTANTS OF WORLD WAR II HOLD CONCLAVE (Continued)

Dr. Eli Ginzberg, former Chief of Resources Analysis, Office of The Surgeon General, and now Professor of Economics at Columbia University, gave an analysis of the problems of the Medical Department during the war, the various methods tried, and those which proved successful. He called particular attention to the achievements of the Medical Regulating Officer, through whose offices flowed the assignment of patients at the rate of two thousand per day who were sent to hospitals according to their type of injury or disease, their home address, and various other factors which were taken into consideration in each individual case.

Major General W. S. Paul, Director of Personnel Administration, G-1, described the revised organization chart of the Army explaining how it cleared out many barriers to enable the Technical Services to function at an optimum.

Comments and questions were freely asked and made from the floor by about 90 consultants who had travelled from points throughout the United States. Luncheon at the Officers Club was followed by a closed afternoon session attended only by members, for the discussion and ratification of the constitution and other business matters. Officers were elected as follows: President, Dr. Walter Bauer, Massachusetts General Hospital, Boston; Vice-President, Dr. Frank B. Berry, of New York City; Secretary, Dr. Brian Blades, George Washington University Medical School, Washington, D. C.; Treasurer, Dr. Donald M. Pillsbury, Department of Dermatology and Syphilology, University Hospital, University of Pennsylvania, Philadelphia, Pa.; and a committee of four Counsellors, Dr. William S. Middleton, University of Wisconsin Medical School, Madison, Wisc.; Dr. Glen R. Spurling, University of Louisville, Louisville, Ky.; Dr. Douglas A. Thom of Boston, Mass.; and Dr. W. B. Parson, Presbyterian Hospital, New York City.

A breakdown of specific services consultations constituted the program for Saturday morning, with meetings being held in various conference rooms in the hospital. Arrangements for the Saturday morning meetings were under the direction of former Brigadier General Hugh J. Morgan for the Medical group; former Brigadier General William C. Menninger for the Neuropsychiatric group; and former Colonel Brian Blades for the Surgical group.

SECRETARY PATTERSON EULOGIZES ARMY NURSES AT CEREMONY SPONSORED BY CHAPLAINS

Secretary of War Robert P. Patterson paid honor to the Army Nurse Corps Sunday, October 20, at a memorial ceremony for those 196 who died in line of duty during World War II. More than 300 persons crowded into Fort Myer Chapel after rain forced cancellation of plans to hold the services in Arlington Cemetery amphitheater.

Office of The Chief of Chaplains sponsored the memorial program,

"The Army Nurse Corps never has had the full tribute which is its due from the American people, "Mr. Patterson said. "It is because the Army Nurse has gone about her work with such expert skill and quiet modesty that it has been customary to take her for granted."

SECRETARY PATTERSON EULOGIZES ARMY NURSES CEREMONY etc. (Continued)

Secretary Patterson was introduced by Major General Norman T. Kirk, The Surgeon General. Major General Luther Miller, Army Chief of Chaplains, gave the greeting. Colonel Florence A. Blanchfield, Superintendent of the Army Nurse Corps, and Lieutenant Colonel Margaret E. Aaron, Assistant Superintendent, represented Army nurses. Musical selections by the New York Avenue Presbyterian Church Choir of Washington, D. C., were a feature of the program.

ARMY SURGEON GENERAL RECEIVES FRENCH LEGION OF HONOR DECORATION

Major General Norman T. Kirk, The Surgeon General, was awarded the Cross of the Legion of Honor in the Degree of Commander October 8 at the office of the French Military Attache, Lieutenant General Maurice Mathenet, 1759 R Street, N. W., Washington, D. C.

In the same ceremony, Brigadier General Raymond W. Bliss, Deputy Surgeon General, received the Degree of Chevalier. Presentations were made by General Raymond Debenedetti, Surgeon General of the French Army.

General Kirk's wife, and daughter, Mrs. Harry L. Willard, Washington, D.C., attended the presentation.

Representing the War Department was Colonel James W. Anderson, Director of Intelligence, Foreign Liaison. From the Office of The Surgeon General were Brigadier General Guy B. Denit, Colonel Howard W. Doan, Colonel George E. Armstrong, Colonel Arden Freer, and Colonel James A. McCallam.

General Debenedetti, accompanied by Colonel Alexander Ribollet and Major Pascaul Santini, French staff officers, also witnessed the ceremony,

ARMY TRAINED 115,000 MEDICAL TECHNICIANS DURING WAR

In the first figures made public on the number of technicians trained during the war, Major General Norman T. Kirk, The Surgeon General, reported that 114,997 enlisted men qualified as technicians from July, 1939, to June, 1946.

Twelve general hospitals and medical centers of the Army offered courses for enlisted technicians in X-ray, veterinary medicine, medicine, surgery, dentistry, laboratory, pharmacy, meat and dairy inspection, orthopedic machinery, medical equipment maintenance and sanitation. For those technicians who showed special progress, advanced courses were given.

ARMY TRAINED 115,000 MEDICAL TECHNICIANS DURING WAR (Continued)

As long ago as 1913, the Army Medical Department realized the need for enlisted technicians who could relieve doctors and surgeons of routine work so vital in caring for patients. The first enlisted students enrolled at Army Medical School, Army Medical Center, Washington, D. C., for courses in X-ray. The work of the technicians was so successful that in 1915 enlisted personnel were trained in clinical laboratory procedures. That course was followed in 1920 by one in meat and dairy hygiene under qualified Army veterinarians. Two years later a school for dental technicians was started.

During World War I a total of 900 laboratory and X-ray technicians were graduated from Army schools and assigned to all achelons of the Army Medical Department. And 182 men qualified as specialists in orthopedic brace-making to form the basis for the Army's great prosthetic laboratories in World War II when upwards of 14,000 amputees required artificial limbs.

Since the close of hostilities, the number of centers offering courses ranging from two to four months of study and on-the-job training has been cut from 12 to three. At present there are enlisted technician schools at Brooke Army Medical Center, Fort Sam Houston, Texas, Fitzsimons General Hospital, Denver, Colorado, and Wakeman General Hospital, Camp Atterbury, Indiana.

As Wakeman General Hospital is scheduled for closing on December 31, 1946, the schools will be maintained at Brooke Army Medical Center and Fitzsimons General Hospital. Already plans are under consideration for the opening of another training center. That action is in line with the Army's present program to consolidate all Medical Department activities in about a dozen great centers.

Part of the technicians training program was closed out in February of this year when Women's Army Corps personnel were no longer assigned to the schools. Up until December, 1945, more than 8,000 Wacs received training under that program.

The training program now has 5,200 enrolled in the three schools. Courses which are operating at present are the following: medical, dental, medical laboratory, pharmacy, surgical, X-ray, medical equipment maintenance, veterinary, and meat and dairy hygiene.

In the medical and surgical technician courses, advanced training is available to those men who show exceptional ability. Whereas the graduate of regular courses is entitled to the non-commissioned officer rank of Technician Fifth Grade (Corporal) or Technician, Fourth Grade, (Sergeant) a graduate of the advanced school is in line for a rating as Technician, Third Grade (Staff Sergeant) or Technical Sergeant.

ARMY TRAINED 115,000 MEDICAL TECHNICIANS DURING WAR (Continued)

When a soldier has completed his technician schooling and on-the-job training he then devotes most of his duty hours to actual application of his specialized knowledge. Regular post and garrison duties are kept at a minimum for the technician.

Since the war ended and large numbers of enlisted technicians released to private life, many are now employed in a civilian capacity at the same jobs they learned in the Army. Many pharmacy school graduates who were assigned to pharmaceutical duties as technicians gained practical experience which aids them immeasurably in drug stores throughout the nation.

Ex-GIs now may be found assisting dentists in their offices in making dental prostheses or preparing fillings. Farms and animal hospitals are profiting from the knowledge of veterinary technicians. Civilian hospital laboratories and clinics employ many ex-soldiers who learned their trade through schooling and practical experience in a war which saw 15,000,000 patients admitted to Army hospitals for treatment of practically every ill known to the medical profession.

A great need for maintenance of medical equipment is felt not only in the Army, but in civilian medical business houses and hospitals. And the former medical equipment maintenance technicians fits effortlessly into the position. In fact, in November the Army plans to extend its schooling of these technicians a full six months beyond the customary 16 weeks for those men of exceptional aptitude.

No longer does the cry, "Medic!" sound over the battlefield, but the Army medic is still much in demand on training maneuvers and in the field. Usually, the litter bearers are accompanied by a technician fully able to administer the necessary first aid attention until adequate medical facilities can be made available.

About one half of all the men trained in Army Medical Department installations are given basic courses for duties requiring less technical knowledge than that demanded of the technician. These men perform essential duties on the wards and furnish the basic services on which the Army medical system is founded.

In the event of an auto accident or some other violent mishap, it may be that the civilian who steps forward and administers first aid until a doctor arrives will be a former soldier trained as a technician by the Army Medical Department.

PERCY JONES HOSPITAL COMMANDER DECORATED BY THE SURGEON GENERAL

Major General Norman T. Kirk, The Surgeon General, presented Brigadier General Joseph E. Bastion, Commanding General of Percy Jones General Hospital, with the Distinguished Service Medal at Fort Custer, Michigan, on October 11.

Major General Shelley U. Marietta, USA (Retired), is the only other hospital commander to receive the DSM in the history of the Army. He was formerly Commanding Officer, Walter Reed General Hospital, Washington, D. C.

In September, General Bastion was presented The Legion of Merit by Major General Louis A. Craig, Deputy Commanding Officer of the 5th Army in the Civic Opera Building, Chicago. That citation commended General Bastion for his outstanding service as Surgeon of 6th Corps and 6th Service Command from December, 1941, to May, 1943.

The citation accompanying the Distinguished Service Medal praised General Bastion's "exceptionally meritorious and distinguished service from May, 1943, to June, 1946." It also cited his outstanding service as an administrator and for the high degree of medical care provided patients under his command. "General Bastion.....contributed materially to the success of an important phase of the war effort."

ARMY OFFERS DENTAL SCHOOL SENIORS RESERVE COMMISSIONS AND INTERNSHIPS

A limited number of dental internships and reserve commissions were offered senior class students in approved dental schools, it was announced recently by the War Department.

Major General Norman T. Kirk, The Surgeon General of the Army, stated that those students selected will be given reserve commissions as First Lieutenants and placed on an active duty status for one year in an Army dental clinic. During that time they will receive as pay and allowances \$3,804 if they are married and government quarters are not furnished. If an officer is single and lives in government quarters he will be paid \$2,652 for the year's study.

Internships will be of the approved rotating type and include training in oral diagnosis, roentgenology, prosthetics, oral surgery, periodontia and operative dentistry.

In notifying the Deans of accredited dental schools of the new plan, The Surgeon General asked that they recommend men who are not only desirable as interns but who will ultimately develop as Regular Army dental officers. Men who are recommended for the Regular Army at the end of their internships will enjoy important advantages in obtaining permanent commissions. They will receive credit for one year of service for pay and promotion purposes, and

ARMY OFFERS DENTAL SCHOOL SENIORS RESERVE COMMISSIONS (Continued)

the year of internship will be accepted as the year of experience which is one of the requirements for a permanent commission. The Surgeon General feels that the interns' superior officers will be capable judges of their quality.

Men who do not develop to meet Army requirements or who do not wish to accept Regular Army commissions will not be retained on active duty at the end of the year's training. Army dental internships meet the standards of civilian institutions, however, and men not remaining in the service will receive full credit for completion of their training.

Interested senior students may consult the Deans of their respective schools for application forms and further instructions.

CHINESE MEDICAL OFFICERS ENTERTAINED

Chinese medical officers, including Major General Hsu Hsi-Lin, former Surgeon General of the Chinese Army and presently Surgeon of the Chinese Army Ground Forces, were entertained at the Army and Navy Club early last month.

Major General Norman T. Kirk, The Surgeon General, Brigadier General Raymond W. Bliss, Deputy Surgeon General, Brigadier General George C. Beach and Brigadier General Guy B. Denit attended the dinner given by Colonel George E. Armstrong, Colonel Ralph V. Plew, and Lieutenant Colonel Robert L. Cavenaugh. The Chinese officers also visited the Office of The Surgeon General while in Washington.

FORMER ADVISORS TO SURGEON GENERAL GIVEN WAR DEPARTMENT AWARDS

In ceremonies conducted in his Pentagon office, Secretary of War Robert P. Patterson recently decorated two former advisors to The Surgeon General for their services during the war.

Honored were Herman C. Hangen, 1 West 67th Street, New York City, assistant merchandizing manager for J. C. Penney Company, Inc., and Charles W. Harris of Hinsdale, Illinois, vice president and director of operations of Butler Brothers, Chicago.

The Medal of Freedom was presented Mr. Hangen for exceptional meritorious achievement during the months of January to March, 1944, which aided the United States in the prosecution of the war against the enemy in Continental Europe. Both men received the War Department Decoration for Exceptional Civilian Service, highest award to War Department civilians.

FORMER ADVISORS TO SURGEON GENERAL GIVEN WAR DEPARTMENT AWARDS (Continued)

Only once before had the Exceptional Civilian Service decoration been awarded. On July 8, 1946, Major General Norman T. Kirk, The Surgeon General, awarded it to Joe M. Miller, 21-year-old double amputee, for his "untiring activities on behalf of amputees" in Army hospitals. Mr. Miller is now employed at Letterman General Hospital, San Francisco, California.

Mr. Hangen's citation for the Exceptional Civilian Service decoration read:

"Serving from 1942 to 1944 as expert advisor to The Surgeon General on stock control of medical supplies, and as a member of a mission to survey medical supply in the China-Burma-India Theater. His methods also had an important influence upon the system of stock control used in other Technical Services of the Army Service Forces."

Mr. Harris' citation read:

"Serving from December, 1943, to 1945 as expert advisor to The Surgeon General in warehousing operations, he applied business techniques to such work with significant success. He was largely responsible for major improvements in efficiency, including doubling tonnage handled per man per day, and, in spite of an increased aggregate volume of work, decreasing total personnel by one-third and closing one-fourth of all depots. The work measurement principles which he installed were later adopted by other parts of the Army. He also served as a member of a mission to survey medical supply throughout the Pacific, resulting in improving medical supply organization preparatory to the projected invasions of Luzon and Japan."

ARMY ANNOUNCES NEW SERARATION CRITERIA FOR MEDICAL OFFICERS

A new separation policy designed to speed the separation from service of Medical Department officers, with the exception of those in certain critical categories, will go into effect November 1, it was announced recently by the War Department.

The new separation criteria especially apply to Category V Medical Department officers—those who have requested relief from active duty at the earliest possible time— and includes those who are graduates of the Army Specialized Training Program with the prescribed length of service in active commissioned duty.

Provision is made for the discharge of Dental Corps officers upon completion of 24 months' service. The previous requirement for separation was 30 months' service.

ARMY ANNOUNCES NEW SEPARATION CRITERIA FOR MEDICAL OFFICERS (Continued)

Veterinary Corps, Sanitary Corps, the Medical Administrative Corps officers, formerly required to serve for 36 months, now may be released with 32 months of service.

Service requirements have been dropped for members of the Army Murse Corps in Category V who under former provisions were required to serve for 14 months, in view of the fact that by November 1 no Category V nurses will remain in service.

No change is made in the criteria for non-specialist Medical Corps officers, who are required to complete 24 months' service, as they will be under the new policy. The same is true of Medical Department Dietitians and Physical Therapists, for whom the existing requirement of 24 months' service remains unchanged under the new directive.

Excepted from general provisions of the program are Medical Corps officers with primary or secondary classifications in certain military occupational specialties, and who are assigned to duties utilizing their specialty. Such officers are eligible for separation upon completion of 36 months' service. Release of such specialists, however, is subject to the right of the Surgeon General to retain by individual selection a relatively few critically needed specialists where this is essential to the proper care of patients. The scarce occupational specialty numbers are: 3101, 3105, 3106, 3107, 3112, 3125, 3126, 3128, 3129, 3130, 3139, 3150, 3152, 3153, 3180, 3306, and 3325.

It was also pointed out that Medical Department officers on duty in general hospitals closing out before January 1, 1947, may be retained on duty until the closing date for that hospital, but in any event must be released to begin terminal leave not later than December 31 of this year. Medical Department officers on duty in regional station hospitals may be retained on duty beyond date of eligibility, but must be released to begin terminal leave not later than December 1.

All Army Nurse Corps officers in Category III—those who have volunteered to continue on active duty until December 31 this year—may be retained on duty beyond November 1, but must begin terminal leave not later than December 1. This excepts ANC officers on duty in general hospitals closing out prior to January 1, 1947, who may be retained on duty until the hospital closes, but in no case will their terminal leave begin later than December 31.

Provision is made for all but excepted Medical Department officers to be separated from service so that their period of terminal leave will be included in the over-all period of service.

In addition, all Medical Department officers surplus to requirements of major commands, or returned to continental United States from overseas theaters will be separated if they are within 60 days of eligibility for release.

SEPARATION OF NURSES IN CATEGORY III DELAYED PENDING CLOSING OF HOSPITALS

Major General Norman T. Kirk, The Surgeon General, announced recently that Army nurses in Category III who are on duty in hospitals scheduled for closing by December 31 will not commence their terminal leave until the hospital closes. Other Category III nurses who would ordinarily commence terminal leave November 1 may be retained temporarily but they must be relieved from active duty by December 1.

Army general hospitals scheduled for closing by Docember 31 are: Halloran, Staten Island, New York; Bruns, Santa Fe, New Mexico; Mason, Brentwood, Long Island, New York, and Wakeman, Camp Atterbury, Indiana. Moore General Hospital, Swannanoa, North Carolina, will close November 15, but that will not materially delay separation proceedings.

Under revised separation criteria recently announced by the War Department, officers in Category III complete terminal leave by December 31. Inasmuch as exceptions were made for other Army Medical Department personnel due to the nature of their work, delays were also authorized in the separation of nurses.

In each case where a Category III nurse is retained on active duty in a hospital slated for closing, her terminal leave must begin not later than December 31, General Kirk stated.

With some 75,000 patients in Army hospitals throughout the world and a nursing shortage possible because of lowered discharge criteria announced last month, The Surgeon General has been authorized to hold Category III nurses until a voluntary recall quota of 1,000 experienced Army nurses can be effected or until the dates indicated above.

Approximately 250 experienced Army Nurse Corps officers of World War II are on orders now for return to duty. There are still 750 authorized macancies.

General Kirk warned against any misgivings that Army hospital patients would suffer from a shortage of nurses. He stressed that the welfare of the patient comes first and feels sure that enough former Army nurses will return to duty to meet strict requirements of Army medicine.

In line with demobilization plans of the Army, 48,350 nurses have been separated up through September 27. At the height of the war, the Army Nurse Corps totaled 57,000 nurses.

Only this week, about 300 nurses were sought within the Zone of the Interior for duty at overseas hospitals. They will be assigned to relieve those eligible for return to the United States in Yokohama, Manila, European Theater of Operations, Alaska and the Antilles. Every effort is being made to separate nurses desiring such action without jeopardizing the welfare of patients.

SEPARATION OF NURSES IN CATEGORY III DELAYED etc. (Continued)

Experienced World War II Army nurses who wish to return to active duty are urged to write immediately to The Adjutant General, Washington, D. C., for application forms,

To be eligible a nurse should be less than 34 years of age, physically qualified for general duty, have no dependents under 14 years of age, be unmarried and have an efficiency rating for previous service of 35 or better. They may return for two years or an unlimited period of time.

In answer to questions received in the Office of The Surgeon General, nurses are advised they may wear civilian clothes when not on duty, uniforms they were to separation centers are authorized and their return to duty will not prejudice their apportunities for integration into the planned Regular Army Nurse Corps.

PSYCHIATRIC SOCIAL WORKERS NEEDED IN POSTWAR ARMY MEDICAL DEPARTMENT

All officers and former officers qualified in psychiatric social work were being sought today for duty in the Army Medical Department.

In a War Department announcement, Major General Norman T. Kirk urged that officers thus qualified make application immediately for integration into the Regular Army. He said officers are eligible whether on active duty or not and regardless of their branch of service.

Completed application forms must be returned not later than December 31 for integration into the Army during 1947. Officers awarded commissions will receive them temporarily in Pharmacy Corps.

Brilliant achievements of psychiatric social workers, working in teams with psychiatrists and clinical psychologists during the war, have assured that profession of a permanent place in the Regular Army. The Army needs workers to further develop neuropsychiatric services.

Resume of the program follows:

- 1. Psychiatric social workers are needed to augment neuropsychiatrists in hospitals, combat medical units, mental hygiene consultation services, disciplinary barracks, and other medical installations. Former officers of the Army of the United States may apply for commission in the Pharmacy Corps, as technical specialists in psychiatric social work.
- 2. As outlined in War Department Circular 289, 24 September 1946, additional male officers are to be integrated into the Regular Army to increase the officer strength to 50,000. Appointments will be made in grades

PSYCHIATRIC SOCIAL WORKERS NEEDED IN POSTWAR ARMY MEDICAL DEPT. (Continued)

from 2nd Lieutenant through Major, in a grade not higher than that held during war time. Applicants appointed who are now enlisted men or warrant officers will be discharged for the convenience of the Government to accept commissions in the Regular Army.

- 3. The Medical Department is authorized technical specialists as psychiatric social workers and a separate list of them will be made, in addition to the non-technical list. Applicants qualified within the technical specialist groupings will be chosen according to their standing on their particular specialty list, as established by the applicant's final composite score.
- 4. The grade offered on integration will be on the basis of active or constructive service. Constructive service is the number of years the individual is over the age of 25 at the time of his appointment. With less than three years' service the grade offered will be that of 2nd Lieutenant. With three or more but less than six years, the grade offered will be that of 1st Lieutenant. With six or more but less than twelve years, the grade will be that of Captain, and with twelve or more but less than twenty years, the grade will be that of Major.
- 5. The functions of neuropsychiatry are best served by a complete team composed of neuropsychiatrist, clinical psychobogist, psychiatric social workers, psychiatrically trained nurses, enlisted neuropsychiatric technicians, clinical psychologist and psychiatric social worker assistants.
- 6. As this is an interim measure, special educational requirements for the Pharmacy Corps are waived. College graduates with a degree acceptable to The Surgeon General, which will basically qualify the officer for further training in psychiatric social work, will be acceptable for integration into the Pharmacy Corps. For initial classification as a psychiatric social worker, the applicant must have completed at least one year of training in an accredited school of social work, including supervised field work and one year social case work experience in a health or welfare agency of acceptable standards.
- 7. Although appointments will be tendered in increments during the calendar year 1947, applications must be forwarded prior to 31 December 1946, to be considered. Formal applications, in triplicate, will be made on WD AGO Form 62 (1 September 1946) and forwarded to the Commanding General of the Army area in which the individual resides. Additional information may be secured by addressing the various Army commanding generals.

NEW TECHNICAL DIRECTOR NAMED FOR ARMY MEDICAL NUTRITION LABORATORY

Dr. Robert E. Johnson, associated with the Harvard University Fatigue Laboratory since 1935, has been mamed technical director of the Army Medical Mutrition Laboratory, Chicago.

He succeeds Dr. George N. Berryman, commanding officer and technical director of the laboratory since its founding in 1941, who left that position to enroll in University of Illinois Medical School. Under his guidance, the laboratory became noted for its research in nutrition.

Dr. Johnson holds a PhD from Oxford University, England, and gained his MD at Harvard University. He was devoted much research to scientific study in the fields of physiology and nutrition. Dr. Berryman holds a PhD from the University of Minnesota.

WALTER REED OFFERS NEW COURSE IN PREVENTIVE MEDICINE

As part of the intensive professional training of the Army Medical Department, a new course in Elementary Preventive Medicine has been opened at the Medical Department Professional Service Schools, located at the Army Medical Center.

Colonel Rufus L. Holt, Commandant of the Schools, explained that the purpose of the course is to provide preventive medicine officers for the immediate needs of the Army. "To analyze and foresee conditions which may lead to the spread of disease, and to take the necessary steps to prevent such spread, is the function of the preventive medicine officer. His work closely parallels that done by the public health doctor in civilian life," Colonel Holt said.

The five weeks' course will consist of lectures, field and laboratory work. The principal topics to be covered are:

Duties and Responsibilities of a Medical Inspector;
Principles of Infectious Disease Transmission and Control;
Medical Statistics;
Infectious Diseases Classified by Mode of Transmission;
Applied Immunologic Procedure;
Functions of the Laboratory in Preventive Medicine;
Environmental Sanitation;
Personal Hygiene, Physical Inspection and Health Education;
Sanitary Aspects of Food and Nutrition;
Epidemiology of Parasitic Diseases;
Administration.

The present class comprises 51 students. Thirty-four of these are newly appointed medical officers, who were commissioned in the Army following the completion of their internships. The majority have already had preliminary

WALTER REED OFFERS NEW COURSE IN PREVENTIVE MEDICINE (Continued)

training at Brooke Medical Center. Sixteen Air Corps doctors are also in the group, some of whom fall in the same category as above. There is one representative from the Ecuadorian Army, Captain Efrain Z. Guerrero, who has previously taken the course in Tropical Medicine. It was arranged by his Embassy that he take this post-graduate training, for the great value it would have in his native country.

The bulk of instruction will be carried out by the staff of the Army Medical Center and Walter Reed General Hospital. From the Office of The Surgeon General, the following officers, each a specialist in his field, will take part: Colonel James C. Kimbrough; Colonel Karl R. Lundeberg; Colonel Tom F. Whayne; Lieutenant Colonel Robert L. Cavenaugh; Lieutenant Colonel Arthur P. Long; Lieutenant Colonel John W. Regan; Major Louis N. Altshuler; Major James B. Baty; Major Franklin S. Blanton; Captain D. I. Allen. Major Louis C. Kossuth, Air Surgeon's Office, and Lieutenant Colonel Ralph Cleland, Sanitary Corps, Second Army will take part.

In addition, many distinguished civilian doctors will lecture; this is part of the Army plan in appointing specialists as Consultants to the Secretary of War. Among them will be: Dr. Kenneth Maxcy, Johns Hopkins University; Dr. John H. Dingle, Medical School, Western Reserve University, Cleveland; Dr. Thomas Francis, University of Michigan School of Public Health; Dr. Henry M. Thomas, Johns Hopkins University; Dr. Martin Frobisher, Johns Hopkins University; Dr. Esmond Long, Henry Phipps Institute, Philadelphia; Dr. Joseph Stokes, University of Pennsylvania; Dr. George Larimore, American Cancer Society, Inc., New York; Dr. John B. Youmans, Venderbilt University Hospital; Dr. Albert B. Sabin, Children's Hospital Research Foundation, Cincinnati; and Dr. Clarence S. Livingood, University of Pennsylvania.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL RICHARD H. B. DEAR, MC, of Washington, D. C., formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sem Houston, Texas, assigned to Physical Standards Division, Disposition & Retirement Branch.

LIEUTENANT COLONEL EUGENE C. JACOBS, MC, of Washington, D. C., formerly of Medical Department Replacement Pool, Tilton General Hospital, Fort Dix, New Jersey, assigned to Physical Standards Division, Disposition & Retirement Branch.

MAJOR ROBERT E. EDMONDS, MAC, of Norfolk, Va., formerly of Mayo General Hospital, Galesburg, Illinois, assigned to Office of Personnel, Military Personnel Division, Office of the Chief.

MAJOR ERNEST J. FEDOR, DC, of Cleveland, Ohio, formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Army Medical Research & Development Board, Development Branch.

ARRIVALS, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN RICHARD H. DORSETT, MAC, of San Antonio, Texas, formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Office of Personnel, Military Personnel Division, Office of the Chief.

CAPTAIN LOUIS E. MUDGETT, PC, of Malden, Mass., formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Office of Plans & Operations, Education & Training Division.

CAPTAIN WILLARD E. THOMPSON, PC, of Chillicothe, Ill., formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Office of Plans & Operations, Education & Training Division.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL JAMES H. TURNER, MC, of Sacramento, Calif., formerly of Office of Personnel, Overhead, assigned to Madigan General Hospital, Fort Lewis, Wash.

COLONEL WILLIAM L. WILSON, MC, of Greensboro, N.C., formerly of Office of Personnel, Overhead, assigned to Medical Department Replacement Pool,

Brocke Army Medical Center, Fort Sam Houston, Texas.

LIEUTEMANT COLONEL EDWARD M. DEYOUNG, MC, of Okmulgee, Okla., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL BEVERLY D. HOLLAND, MC, of School of Personnel Hygiene & Health, Johns Hopkins Hospital, Baltimore, Md., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL WALTER J. REIDY, MC. of Waukegan, Ill., formerly of Office of Personnel, Overhead, assigned to Medical Department Replacement Pool,

Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL WILLIAM T. SMITH, MC, of Tulsa, Okla., formerly of Office of Plans & Operations, Hospital Division, Administration Branch,

assigned to Army Medical Center, Washington, D. C.

MAJOR FLOYD L. BERRY, PC, of Dalton, Ga., formerly of Army Medical Research & Development Board, Development Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR COLIN F. VORDER BRUEGGE, MC, of Memphis, Tenn., formerly of Office of Personnel, Overhead, assigned to Army Medical Museum, Army Institute of

Pathology, Washington, D. C.

CAPTAIN MARIBETH T. CARDINAL, MAC, of Ashville, N.C., formerly of Office of Plans & Operations, Education & Training Division, School Branch, assigned

to Separation Center, Fort Dix, New Jersey.

CAPTAIN ROBERT C. COGSWELL, JR., MC, of Hamilton, Ohio, formerly of Preventive Medicine Division, Civil Public Health & Nutrition Branch, Nutrition Section, assigned to Separation Center, Fort George G. Meade, Maryland.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN KENT L. GILLENWATER, MAC, of Atlanta, Ga., formerly of Executive

Office, assigned to Panama Canal Department.

CAPTAIN WILLIAM G. KUEKER, MAC, of Cincinnati, Ohio, formerly of Office of Personnel, Military Personnel Division, Office of the Chief, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN JULIUS J. SHAFFER, MAC, of Chicago, Ill., formerly of Historical Division, Historical Research & Manuscripts Branch, assigned to Separation

Center, Fort Sheridan, Illinois.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

COLONEL GEORGE E. ARMSTRONG, MC, of Osyka, Miss., of Office of Personnel, Overhead, designated as Chief of Personnel.

COLONEL FRANCIS P. KINTZ, MC, of Granville, Ohio, of Office of Personnel,

Overhead, designated as Deputy Chief, Office of Personnel.

LIEUTENANT COLONEL WALTER J. REEDY, MC, of Waukegan, Ill., transferred from Preventive Medicine Division, Civil Public Health & Nutrition Branch, Civil Public Health Section to Office of Personnel, Overhead.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

CAPTAIN TO MAJOR

ALBERT A. DUNN, JR., MC, of Scranton, Pennsylvania, of Office of Personnel, Military Personnel Division, Classification & Records Branch.